	. 1	Substitute	for Form PTO-675	Eller	ייז תבניסו	RO	App	callon by Docke	ad control numb	
	APPLICATION AS FILED - PART I				tive Decemb	per 8, 2004	12	10/22/200		
		(Column 1)	- PART (Column 2)					-	SC M	
	FOR	NUMBER FILED			SMA	LL ENTITY	OR	OTHE SMAL	ER THAN LENTITY	
	BASIC FEE (37 CFR 1 16(4), (b), a (c))	NA	NUMBER EXTR		RATE	FEE (1)	7		1	
	SEARCH FEE (37 CFR 1 16(4), (1), or (my)	. NA	N/A		NUA	150.00	7	RATE (1)	FEE (B)	
	(37 CFR 1 16(0), (p), or (q))	NA	N/A		. NA	\$250	7		300,00	
	TOTAL CLAIMS (37 OFR 1 16(1))		'N/A		NA	\$100	1	NIA	\$500	
	INDEPENDENT CLAULE	minus 20 e			X\$ 25	1.00	1 1	N/A	\$200	
	(37 CFR 1 16(N))	. minus 3 a	•		X100	-	OR	X\$50 .		
	APPLICATION SIZE	If the specification and casheets of paper, the applies \$250 (\$125 for small or	irawings exceed 10	0		 	-	X200		
ı	(37 OFR 1 16(4))	additional 50 sheets and	HILITY) for each	'						
ı				·		1 1		1	- 1	
ŀ	CE SEFERUENT CLAIM PRESENT (37 CFR 1.16(1)			7 1	+180=		L		- 1	
	If the difference in column 1 is less than zero, enter "O" in column 2.						L	+360=		
- 1	APPLICATION	ON AS AMENIOED : 5	country.		TOTAL			TOTAL		
=	-+ 1/ - >\pi	APPLICATION AS AMENDED - PART II					•	L.,		
	CLAIMS (Column 2) (Column 3) SMALL ENTITY OR OTHER THAN									
• •	T REMA	1 Г.	SMALI				TITY.			
	Total AMENO	П'	.	ADDI- TIONAL	1 6	RATE (\$) ADDI-				
NOW ON	Independent Minus Minus				X\$ 25				TIONAL FEE (S)	
AME	1	Minus	1.2	-	100		R X\$	50 =	300	
₹	Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MAITIFLE DEPENDENT CLAIM (37 CFR 1.16(g))				=		R X2	00 = 2	28	
	THE STATE OF DE	EXTIFLE DEPENDENT CLAIM	(37 CFR 1.16(i)	+1	80≖		-			
				TOT		· · · · ·		60=		
	Column		2) (Column 3)	AUU	L FEE	OR	ADO:	L FEE	3	
8	CLAIM: REMAINE	NG HIGHEST		_	<u> </u>					
	AFTER AMENOME		Y EXTRA	RAT		DOI-	RAT	E (3) AC	· ·	
	DTCFR 1.16(III	Minus **	-	 	FE	DNAL E (5)			NAL .	
	DICER 1.16(N).	Minus •	1.	X\$ 2		OR	X\$50		121	
1	Application Size Fee (37 CFR 1.16(s))				0	OR .	X200			
HRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OF COMME										
	·	+180) =	OR .	+360	= .				
* If the entry in column 1 is less than the entry in column 2, write or in column 3. If the T-lighest Number Previously Paid For IN THIS SPACE is to column 3.									-	
77	The Highest Number Previously Paid For In THIS SPACE is less than 3, enter "20". The Highest Number Previously Paid For In THIS SPACE is less than 3, enter "20". The Highest Number Previously Paid For (Total or Independent) is that it is the state of independent in the state of i									
Collection of the Collection in the Collection i										
Ming	collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the emount of time you require to completed application form to the USPTO. Time will require to its estimated to take 12 minutes to analytic the some period of time you require to complete this form and/or succession form to the USPTO. Time will require to take 12 minutes to analytic the complete this form and/or succession form to the USPTO. Time will require to take 12 minutes to analytic to analytic the complete this form and/or succession form to the USPTO. Time will require to take 12 minutes to analytic the complete this form and/or succession form to the USPTO. Time will require to the this form and/or succession form to the USPTO. Time will require the succession form to the USPTO.									
Trade	TO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete application, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS									
ruc3\$. SEND TO: Commission	ner for Patents, P.O. Box 1450	Alexandria, VA 2231	ourden 3-1450, i	should be sens DO NOT SENS	to the Chief In	fermation	ise. Any comme Officer, U.S. Pet	nts ant	
	ff you.	need assistance in completing	the form - "	VA 22:	313-1460.	0, 00	incut IEC	FORMS TO TH	us .	
	•	1. comp	WITH, CORE 1-800-E	10.910	and enhades	-W		:		

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2